

Notes to the Trainer

Introduction

Despite significant challenges, the global expansion of prevention of mother-to-child transmission of HIV (PMTCT) and HIV care and treatment programs in the past 5 years, particularly in sub-Saharan Africa, has been dramatic. By the end of 2007, WHO reported that about 3 million people living with HIV (PLHIV) were receiving antiretroviral treatment (ART), representing 31% of those in need, compared to just 2% in 2003. However, with this expansion of services comes the need to develop innovative and responsive programs to support PLHIV to adhere to clinical care and to medication regimens in the long-term.

The International Center for AIDS Care and Treatment Programs (ICAP) at Columbia University's Mailman School of Public Health (MSPH) is an important partner in the global effort to expand access to quality PMTCT and HIV care and treatment services. ICAP supports the design, development and implementation of a diverse range of initiatives providing HIV prevention, care and treatment services in resource-limited settings. To better support clients and their families, as well as implement more meaningful involvement of PLHIV and task shifting, ICAP implements Peer Educator programs in a number of sub-Saharan Africa countries. In order to share Peer Educator materials and experiences more widely, ICAP developed these generic training materials (Trainer and Participant Manual) that can be adapted to a range of country- and program-specific settings. Please also see the third document in this set, *Planning, Managing and Monitoring Peer Educator Programs: An Implementation Manual*, for more information and guidance on Peer Educator programs.

Peer Education in HIV Prevention, Care and Treatment Programs

Despite global success enrolling clients in PMTCT and care and treatment, continued stigma, fear of disclosure, fears of testing and treatment for children and lack of psychosocial and material support remain common problems, leaving many people without access to the services they need. Once these barriers to receiving HIV care are overcome, one of the biggest challenges is the need for clients to achieve near-perfect adherence to care and treatment for their entire lives. Adherence and psychosocial support, as a part of comprehensive care and treatment programs, can help people live long, healthy lives, improve the health and well-being of affected families, help decrease stigma and discrimination and prevent new infections, ultimately slowing the epidemic.

Proper education and counseling of clients and their family members, particularly before and after the initiation of ART, is vital for adherence success. Experience shows that clients' adherence to care and treatment depends on preparation with the multidisciplinary care team; counseling and planning for "real life" adherence and disclosure strategies; an uninterrupted drug supply; regular follow-up at the facility, community and household levels; ongoing clinical monitoring; and provision of or linkages to material and support services, including food. Systems to track clients who have missed appointments, discontinued treatment and are lost to follow-up (LTFU) must be developed and routinely implemented as part of any adherence strategy. Strong linkages between community- and facility-based HIV programs help ensure a continuum of prevention, care and support for clients and their families.

The Added Value of Peer Educators

The engagement of PLHIV as Peer Educators and the continuous and active involvement of PLHIV associations and community support groups can complement the work of health care providers and play an important role in ensuring access to effective and sustained care and treatment. Peer Educators also can play an important role in prevention, including both primary and secondary prevention activities, as well as encouraging and implementing a family-focused approach that recognizes HIV as a family disease.

Peer education provides a viable solution to some of the program needs and challenges mentioned above. Some of the advantages of Peer Educator programs include:

- **People trust others in a similar situation:** Clients have the opportunity to discuss their personal circumstances in a safe environment with someone who relates to their situation.
- **Improved adherence:** Peer Educators can support clients' adherence to care and treatment because they may have a deeper understanding of what the client is going through.
- **Community participation:** Peer Educators can play a role in community mobilization, decreasing stigma and increasing support for PLHIV.
- **Empowerment of individuals:** Peer Educators can increase people's confidence that they can make good decisions and take action. Peer Education programs can help both Peer Educators and their clients change behaviors in order to take care of their own health and that of their families.
- **Job opportunities:** Training and work experience may improve Peer Educators' job opportunities in the formal economic sector.
- **Improved service quality:** Peer Educators can help to improve the overall quality and effectiveness of health care programs by giving feedback to the clinic about the needs of patients and communities.
- **Task shifting and saved time:** Peer Educators can help free up the time of doctors, nurses and social workers by providing basic education and counseling at the clinic.
- **Increased access:** Peer Educators can gain access to groups that are otherwise difficult to reach and encourage them to seek prevention, care and treatment services. Similarly, Peer Educators can follow up with clients who have missed appointments, since they are often from the same communities.

How to Use this Curriculum

This comprehensive training course was designed to train Peer Educators to become active members of multidisciplinary HIV care teams – at the hospital, clinic, health center and community level. The purpose of this training course is to empower and ensure greater involvement of PLHIV as active providers and recipients of HIV services.

The breadth and depth of knowledge required to be a Peer Educator is immense. This training course is designed to provide basic training for PLHIV becoming Peer Educators. In order for training to be effective, it is recommended that training groups not exceed 20 participants. The basic training course contains 15 Modules, which can be conducted over 8 classroom days and 5 practicum days. Alternatively, if training is conducted at a health facility (recommended), the practicum sessions can be interspersed within the classroom training days. Adaptations to the training schedule should be made as needed, based on availability of trainers and participants, the training location, availability of time for practicum sessions and other factors. As Peer Educators gain skills, confidence and experience, and as the program matures and changes, refresher and advanced training should be provided at regular intervals. Four advanced training Modules are

included in the curriculum. These Modules may be integrated into the basic training course, or used during subsequent refresher or advanced trainings with Peer Educators.

The training curriculum is designed to acknowledge and build upon the wealth of knowledge and personal experience Peer Educators already have, as PLHIV and clients in HIV care and treatment programs themselves. The training course is highly participatory and based on principles of adult learning. By using the suggested participatory training methodologies, participants will be able to share their thoughts and experiences openly and learn from one another as much as they learn from trainers. The key information covered in the training is intended to be practical and interesting to participants. The experiences, baseline knowledge and literacy levels of participants will vary, so trainers should make adaptations as needed.

Curriculum Design

There are 2 parts to the curriculum – a Trainer Manual and a Participant Manual. Each Module of the Trainer Manual begins with the following information, followed by step-by-step trainer instructions and key content information for each Session:



Duration: The approximate time it will take to facilitate the training Module.



Learning Objectives: The expected knowledge and skills participants will gain by the end of the Module.



Key Content Areas: A list of the Sessions within the Module.



Methodologies: An overview of the training methods used in the Module.



Materials Needed: A list of materials the trainer should collect and prepare before the training sessions, such as flip chart, markers, tape or Bostik, etc.



Work for the Trainer to Do in Advance: Key preparatory activities for the trainers to do before facilitating the Module.



Key Points: A summary of key points, at the end of each Module.

Step-by-Step Trainer Instructions: The training is designed to be participant-focused instead of trainer-driven. Adults learn and retain more information when they participate fully, actively and equally in the learning process. The trainer's main task is to facilitate the learning process and encourage active interaction and learning between participants, recognizing the enormous amount of knowledge Peer Educators have as clients in HIV programs. The trainer's role is to draw out these experiences and encourage skills-building, exchange of information and confidence-building among participants. The training methods used should serve as a model for how Peer Educators should communicate with clients in their work. Lectures and trainer-led activities should be minimized as much as possible, with emphasis instead on participatory activities, with the trainer supplementing information when needed.

The participatory training methodologies used in the curriculum include:

- Interactive trainer presentation
- Large group discussion
- Large group work

- Small group discussion
- Small group work
- Brainstorming
- Guest speakers
- Case studies
- Role-play
- Demonstration and return demonstration
- Reflection
- Observation
- Games
- Snowballing
- Facility-based practicum

Each Session begins with a shaded box, listing the training methodologies used in that Session, followed by suggested step-by-step guidance for trainers.

Module 14 includes detailed information about preparing for and implementing the facility-based practical sessions.

Key Information: The key content information for each Session follows the step-by-step trainer instructions. Trainers should adapt the key information as needed for their particular setting and on the baseline knowledge of participants (for example, sometimes it will be useful to cover all of the key information, but in other cases when participants already know a good deal about the topic, trainers may just want to review some parts of the key information). There are also notes where trainers should adapt the key information to their country context, for example when discussing specific ART regimens. Some of the Modules also contain Appendices that will be useful for trainers and participants.

The Participant Manual contains a simplified version of the Key Information in the Trainer Manual. Trainers should encourage participants to refer to their Manual during the training and to take their own notes as needed. The Participant Manual also serves as a useful reference for Peer Educators after the training.

How to be an Effective Training Facilitator

Trainers should always keep the following “dos and don’ts” in mind.

DOs

- Do maintain good eye contact.
- Do prepare in advance.
- Do involve participants.
- Do use visual aids.
- Do speak clearly.
- Do speak loud enough.
- Do encourage questions.
- Do recap at the end of each Session.
- Do bridge one topic to the next.
- Do encourage participation.
- Do write clearly and boldly.
- Do summarize.
- Do use logical sequencing of topics.
- Do use good time management.

- Do K.I.S. (Keep It Simple).
- Do give feedback.
- Do position visuals so everyone can see them.
- Do avoid distracting mannerisms and distractions in the room.
- Do be aware of the participants' body language.
- Do keep the group focused on the task.
- Do provide clear instructions.
- Do check to see if your instructions are understood.
- Do evaluate as you go.
- Do be patient.

DON'Ts

- Don't talk to the flip chart.
- Don't block the visual aids.
- Don't stand in one spot—move around the room.
- Don't ignore the participants' comments and feedback (verbal and non-verbal).
- Don't read from the curriculum.
- Don't shout at the participants.
- Don't assume everyone has the same level of baseline knowledge.
- Don't assume everyone can read and write at the same level.

A Note on Confidentiality

The success of Peer Educator training depends on active participation and engagement of each participant. Participants should be encouraged and feel “safe” to share their own personal experiences, including the challenges they have faced at the hospital, in their community and at home. Trainers should remind participants that what is said in the training sessions is confidential (and they should respect this rule themselves) and that no one will be judged or stigmatized for their comments or questions.

Evaluation

Training evaluation methods include:

- A learning needs assessment (pre-test) in Module 1 and a post-test in Module 15
- Observation and assessment during the practicum session, using a skills checklist
- Participant feedback on a daily basis (see below), as well as a participant training evaluation at the end of the course

How Did it Go?: Informal evaluations should be conducted at the end of each training day through “How did it go” exercises to ensure that participants understand course content and that trainers can make adjustments to content or methodology if needed. To encourage honest evaluation, trainers can ask participants to note what they liked and did not like about the day on pieces of paper (one piece with a happy face to record things they liked about the day and another piece with a sad face to note things that did not go well), or on pieces of flip chart. Alternatively, one of the participants can volunteer to lead the “How did it go” exercise, which can be conducted with the trainers out of the room. The participant would then report back to the trainers on how participants viewed the day. This feedback should be reviewed by trainers and modifications made as needed for subsequent training days.

Note: The Dos and Don'ts of training were taken from: Colton, T., Dillow, A., Hainsworth, G., Israel, E. & Kane, M. *Community Home-based Care for People and Communities Affected by HIV/AIDS: A Comprehensive Training Course for Community Health Workers*. Watertown, MA: Pathfinder International, 2006.

